

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-039011

Registration District No. 042 Primary Registration District No. 1000 Registrar's No. 1266 STATE FILE NUMBER

FILED NOV 4 1963

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|---|--|---|--|
| 1. PLACE OF DEATH a. COUNTY Buchanan | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Buchanan | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) St. Joseph | | c. CITY OR TOWN St. Joseph | |
| Length of stay in 1b 40 years | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| c. FULL NAME OF (If NOT in hospital, give location) St. Josephs Hospital | | d. STREET ADDRESS (If outside, give location) 407 E. Missouri | |
| Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |

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|--|---------------------------|---|--|---|--|
| 3. NAME OF DECEASED (Type or print) First Middle Last AUDREY G. KING | | | 4. DATE OF DEATH Month Day Year October 29, 1963 | | |
| 5. SEX female | 6. COLOR OR RACE white | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH 12/17/1897 | 9. AGE (last birthday) 65 | IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired sales clerk | | 10b. KIND OF BUSINESS OR INDUSTRY Dept. Store | | 11. BIRTHPLACE (City and state or country) Union Star, Mo. | |
| 12. CITIZEN OF WHAT COUNTRY USA | | 13a. FATHER'S NAME Benjamin F. Laffoon | | | |
| 13b. MOTHER'S MAIDEN NAME Mary E. Ott | | 14. NAME OF HUSBAND OR WIFE Henry | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no | | 16. SOCIAL SECURITY NO. [redacted] | | 17. INFORMANT Henry King, St. Joseph, Mo. | |

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| 18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carcinomatosis Secondary To Carcinoma of the breast Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c) | | INTERVAL BETWEEN ONSET AND DEATH |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) | | PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |

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|--|---|--|---|
| 19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> | 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) | |
| 20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year | 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | |
| 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | | 20f. CITY, TOWN, OR LOCATION | COUNTY STATE |
| 21. I attended the deceased from 1957, to Oct 29, 1963 and last saw her alive on Oct 29, 1963 Death occurred at 10:40 a. m on the date stated above, and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE (Degree or title) Martin Christ MD | | 22b. ADDRESS 6106 K mg Hill Ave | 22c. DATE SIGNED 10-30-63 |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) burial | 23b. DATE 10/31/1963 | 23c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery | 23d. LOCATION (City, town, or county) (State) St. Joseph Mo. |
| 24. FUNERAL DIRECTOR Shaton-Bowman | | 25. DATE RECD. BY LOCAL REG. Oct. 31, 1963 | 26. REGISTRAR'S SIGNATURE Mrs. Clark Goodell |

(Licensed Embalmer's Statement on Reverse Side)

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

DOCUMENT

M.H. Christ, M.D.

USE BLACK INK OR TYPEWRITER RIBBON

Permit issued 10-31-63

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Eugene Wood

Licensed Embalmer No. 3824

P. O. Address 319 So. 10th St. St. Joseph, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.